

**ABSENTEE SHAWNEE TRIBE OF OKLAHOMA
DEPARTMENT OF SOCIAL SERVICES**



DEA: DIRECT EMPLOYMENT ASSISTANCE:

This program is funded by the Bureau of Indian Affairs (BIA) and is intended to assist with work related items. To be eligible the following criteria must apply:

1. Must obtain **NEW** full-time permanent employment/
2. Applicant must be an enrolled member of a federally recognized tribe
3. Must be 18 years of age or older.
4. Must reside in the Absentee Shawnee Tribe's service area.
5. Applicant must not have received their first full paycheck, before requesting assistance.
6. Applicant must meet United States income poverty guidelines:
 - i. Submit **ALL** income verification for the past thirty (30) days. If unemployed, summary of wages from Social Security Administration and/or letter of registration from Workforce Oklahoma. **For everyone living in the home, 18 years and older.**
7. Must provide CDIB's, Social Security Cards and other forms of identification specified by the case worker for everyone living in the home.
8. Assistance is limited to a one time assistance of \$150.00 per tribal member and intended for, but not limited to: work boots, scrubs, nursing shoes, work gloves, tools, business attire, etc.
9. **Must be provided for proof of residency and MUST have the applicants' name. NO EXCEPTIONS.**
10. Handwritten, informal bill, statement from landlords will not be accepted. **NO EXCEPTIONS.**
11. Other supporting documentations may be required at case workers request following assessment.

This Program runs from January through December who live in the Absentee Shawnee Tribal service area (or until funds are depleted) and determination of need will be established on a case-by-case basis.



DATE

CLIENT CASE NUMBER

APPLICATION FOR DIRECT EMPLOYMENT ASSISTANCE

PART 1. GENERAL INFORMATION

LAST	FIRST	MIDDLE	MAIDEN	
ADDRESS	CITY	STATE	COUNTY	ZIP CODE
PREVIOUS ADDRESS	CITY	STATE	COUNTY	ZIP CODE
PHONE NUMBER	MESSAGE/CELL PHONE	MARITAL STATUS		

Is applicants' name on utility bills? ☐ Yes ☐ No

If no, tell us who is responsible for the bill and their relationship to applicant: _____

PART 2. FAMILY UNIT INFORMATION

FILL IN ALL SPACES BELOW FOR **ALL** MEMBERS OF THE HOME

FAMILY SIZE: _____

MEMBERS OF HOUSEHOLD	BIRTHDATE MO. DAY YR.			SEX	RELATION TO APPLICANT	S.S. NUMBER	TRIBE
1.					SELF		
2.							
3.							
4.							
5.							
6.							
7.							
8.							

PART 3. RECORD OF INCOME AND RESOURCES

IF ANYONE IN YOUR HOUSEHOLD RECEIVES ANY OF THE FOLLOWING.

- ☐ Earned ☐ Unearned ☐ Unemployment ☐ Child Support/Alimony ☐ BIA Assistance
☐ Workmen's Comp ☐ SSI ☐ Retirement ☐ Social Security ☐ Veteran Benefits
☐ Survivor Benefits ☐ Financial Aid ☐ Self-Employed ☐ TANF ☐ Other: _____

TOTAL MONTHLY NET INCOME: _____

PART 4. PREVIOUS EMPLOYMENT

Company						Phone ()	
Address						Supervisor	
Job Title		Starting Salary		\$		Ending Salary \$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company						Phone ()	
Address						Supervisor	
Job Title		Starting Salary		\$		Ending Salary \$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company						Phone ()	
Address						Supervisor	
Job Title		Starting Salary		\$		Ending Salary \$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company						Phone ()	
Address						Supervisor	
Job Title		Starting Salary		\$		Ending Salary \$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company						Phone ()	
Address						Supervisor	
Job Title		Starting Salary		\$		Ending Salary \$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

PART 5. STATEMENT OF SUPPORT OR OF NON-SUPPORT

COMPLETE ONLY - IF APPLICANT RESIDES WITH FRIENDS OR FAMILY. THIS PART OF THE APPLICATION WILL NEED A PUBLIC NOTARY'S SIGNATURE AND STAMPED – **No EXCEPTIONS**

I _____ certify that I have provided _____
Supporter Applicant

with no monetary or _____ support for the address the address listed below.
other

I further certify that _____ ☐ is or ☐ is not related to me by blood, marriage, or
adoption. Applicant

Signature of Supporter

Date

Supporters Address

City

State

Zip code

Phone Number

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Seal)

My commission expires: _____, Notary Public _____

PART 6. CODE OF FEDERAL REGULATIONS (CFR)

Title 25: Indians; Part 20- FINANCIAL ASSISTANCE AND SOCIAL SERVICES PROGRAMS; Subpart F- Administrative Procedures; 20. §607 – What happens when applicants or recipients knowingly and willfully provide false or fraudulent information?

Applicants or recipients who knowingly and willfully provide false or fraudulent information are subject to prosecution under 18 U.S.C. 1001, which carries a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both. The Social Services worker will prepare a written report detailing the information considered to be false and submit the report to the Superintendent or his/her designated representative for appropriate investigative action.

I _____, hereby authorize the Social Services to obtain or release all information necessary to verify eligibility for all my Social Service application and have read and understand the above Code of Federal Regulations (CFR).

Applicant Signature

Date

Intake Clerk

Date

When application is processed, you will be contacted by mail.



DATE

JOB VERIFICATION FORM

****THIS FORM MUST BE FILLED OUT BY EMPLOYER ONLY ****

Employee Name: _____ Job Title: _____

Full-time ☐ Part-time ☐ Temporary ☐ Permanent ☐

Starting Date: _____ Starting Salary: _____ hourly ☐ monthly ☐ annually ☐

Date of First Paycheck: _____ Date of First Full Paycheck: _____

_____ HAS RECENTLY OBTAINED EMPLOYMENT WITH OUR ORGANIZATION. HOWEVER, THESE ☐ **TOOLS** or ☐ **BUSINESS ATTIRE** ITEMS WILL BE REQUIRED TO ACCEPT THIS POSITION.

Items: _____

Employers Signature

Title

Address

City, State & Zip

Phone Number

(COMPANY STAMP)